

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Kevin McCarthy for Congress**

Full Name (Last, First, Middle Initial)

**Ann E Lavers**

Mailing Address 267 Cecelia Place

City

Saint Paul

State

MN

Zip Code

55105-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Urology

Occupation

Physician

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : A63077C7FB12A481E8CD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Ramsin Benyamin**

Mailing Address 1015 S Mercer Avenue

City

Bloomington

State

IL

Zip Code

61701-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : A9CD82DE9FC5B4E79A97

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**Christopher J Knoedler Sr.**

Mailing Address 9 Blue Jay Lane

City

North Oaks

State

MN

Zip Code

55127-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Urology

Occupation

Physician

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : AC42E2A9F3A8441739BE

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00